

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	C/H	ACM 16	9/21/95
O.I.P.E. CLASSIFIER			9/24/95
FORMALITY REVIEW	MA	71631	9/26/95

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 — (Through numeral)... Canceled
 : Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	
Original	
5	10/10/A 7/12/95
22	10/22/95
32	10/32/95
33	10/33/95
34	10/34/95
35	10/35/95
36	10/36/95
37	10/37/95
38	10/38/95
39	10/39/95
40	10/40/95
41	10/41/95
42	10/42/95
43	10/43/95
44	10/44/95
45	10/45/95
46	10/46/95
47	10/47/95
48	10/48/95
49	10/49/95
50	10/50/95

Claim	Date
Final	
Original	
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here